



2017 Country Operational Plan COP Approval Session with Ambassador Birx **Angola**

S/GAC Chair: Mamadi Yilla
PEPFAR Coordinator: Carey Spear
March 15, 2017





Dialogue with Minister

POLICY AND GUIDELINES	CHALLENGE/ BARRIERS	ACTIONS MOH	ACTIONS PEPFAR ANGOLA
Test and Start – Same day; Same Site, Start initiation	Roll Out	Convene a leadership meeting	Preparatory dialogue with Implementing partners/Facility counterparts
NIMART/ Task shifting	Physicians acceptance of ART initiation by nurses	Convene a meeting between National Medical Association and National Nurses Association	On the job training Oversight and accountability
Implementation of confidential testing	Anonymous testing	MOH, civil society, UNAIDS to move on dialogue to sensitize citizens across all sectors	Practice should be to offer clients same day start as multi-sector dialogue continues
Viral Load National Guidelines	Lack of VL policy Lack of VL Routine Monitoring	MOH transition from CD4 to VL routine monitoring	Optimize VL cascade



Epidemiologic Context

Luanda – highest concentration of PLHIV

Prevalence: 1.9%

-MSM: 2.4

-FSW: 7.8%

PLHIV: 68,606

Provinces – highest HIV prevalence

-Cunene: 6.1%

PLHIV 28,770

-Cuando Cubango: 5.5%

PHLIV 19,870

- Moxico - 4.0%

PLHIV -10,390

ANGOLA

27.5M people

18 Provinces

162 Municipalities

HIV prevalence: 2%

Male - 1.2%

Female – 2.6%

Est. 275,810 PLHIV

Economic Crisis:

50% reduction in available government resources

Tuberculosis:

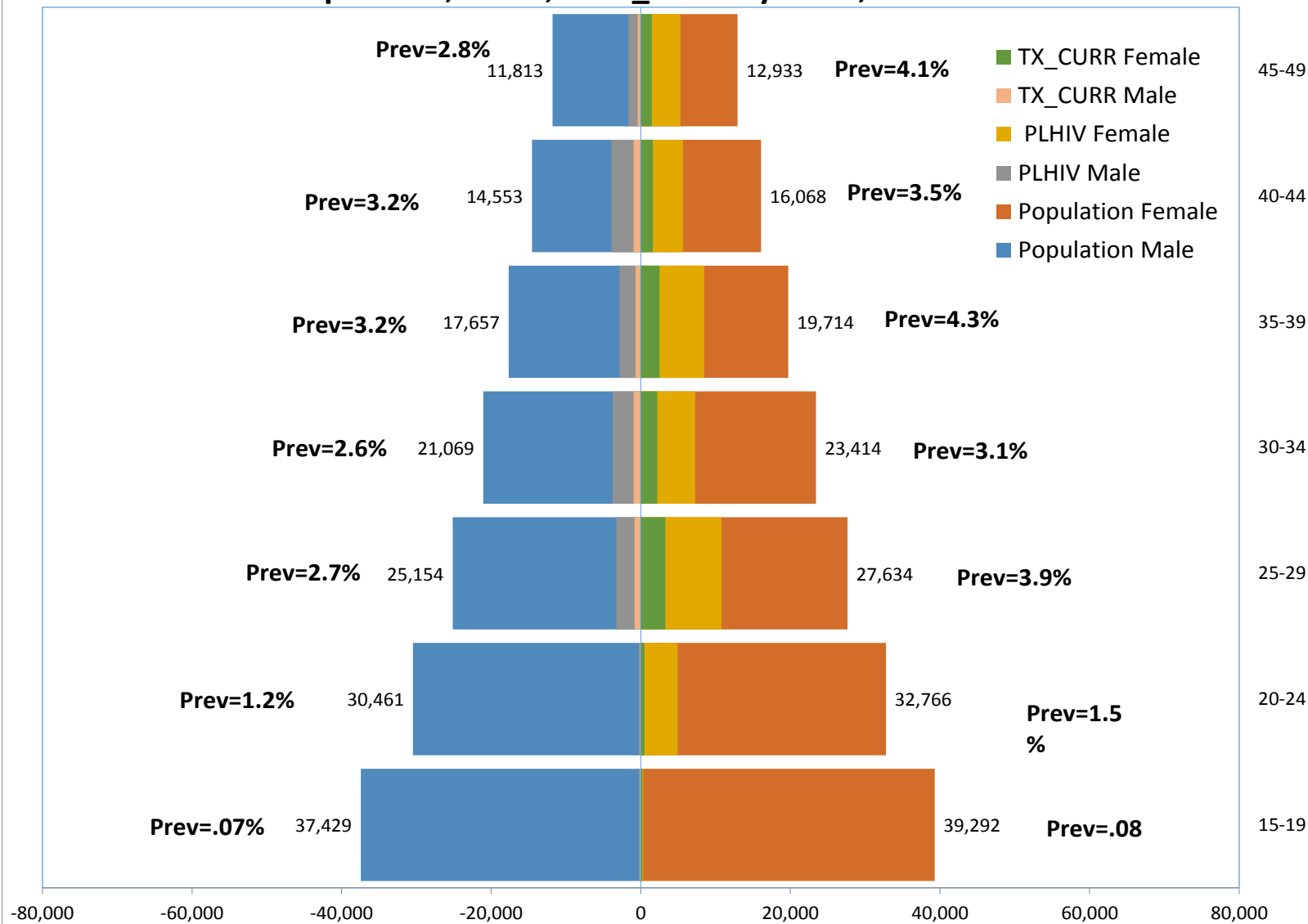
In the 22 highest global burden

Incidence:
218/100,000

HIV/TB Rate:
10.7%



Population, PLHIV, & TX_CURR Pyramid, Luanda 2016

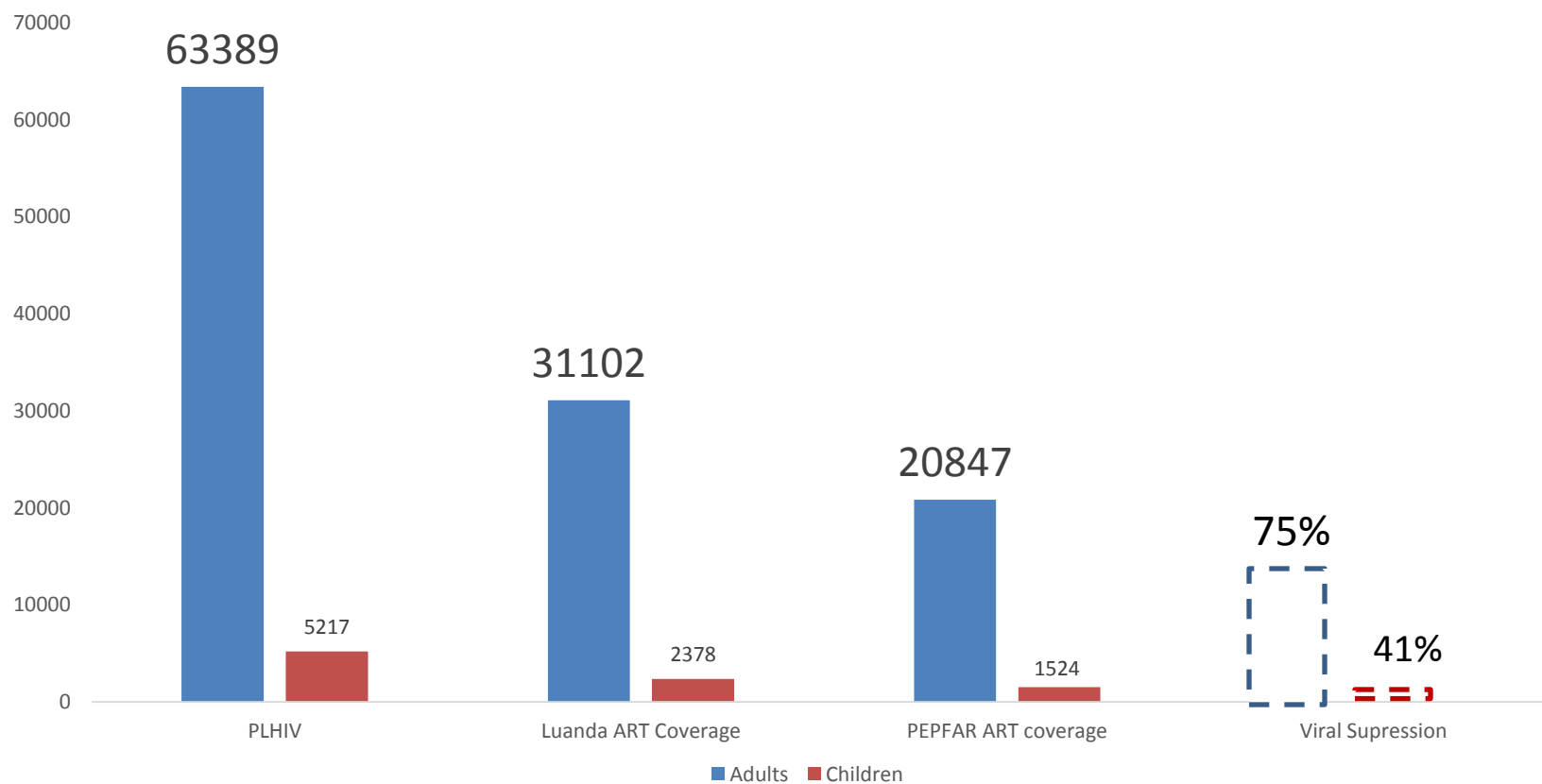


Note: Luanda population estimate is the Log scale of the actual total to allow for a more relative comparison of with PLHIV and TX_CURR





Luanda Clinical Cascade





SO1 Improve quality and coverage of testing and ART services through support to high quality, cost effective models, tools, and institutional capacity building

Above Site

Strategic Identification, Quality testing and Linkage Assurance

- Confidential testing
- RTCQI

Quality High ART Coverage

- Task Shifting (NIMART)
- Test and Start (same day same site)
- TB/HIV integration (one stop shop)

Retention and Viral Suppression

- Multi month scripting
- Alternative models of distribution
- VL Policy (routine VL monitoring)

Site

- High yield testing (TB, inpatient, outpatient, and co-located VCT)
- Index testing
- POC infant virologic testing
- Peer navigators

- Nurse capacity in ART initiation
- Operationalize test and start (same day same site)
- TB/HIV integration (one stop shop)
- ARV optimization and commodities assurance for multi-month scripting

- Multi month scripting
- Alternative models of distribution
- Routine VL monitoring and results utilization

Real time change

Refined policies

Improved implementation models for expansion

Improved Linkage

LTFU Reduction Strategy

Strengthen M&E Capacity at MOH for national HIV programming and data utilization for HIV service quality

- 90% of identified HIV+ (including KPLHIV) linked and initiated on ART
- 60% ART coverage for Luanda

- 80% 12 month retention
- 60% coverage routine VL monitoring

SO2 Support high quality key and priority (military) populations programming to achieve 80% coverage in selected SNUs

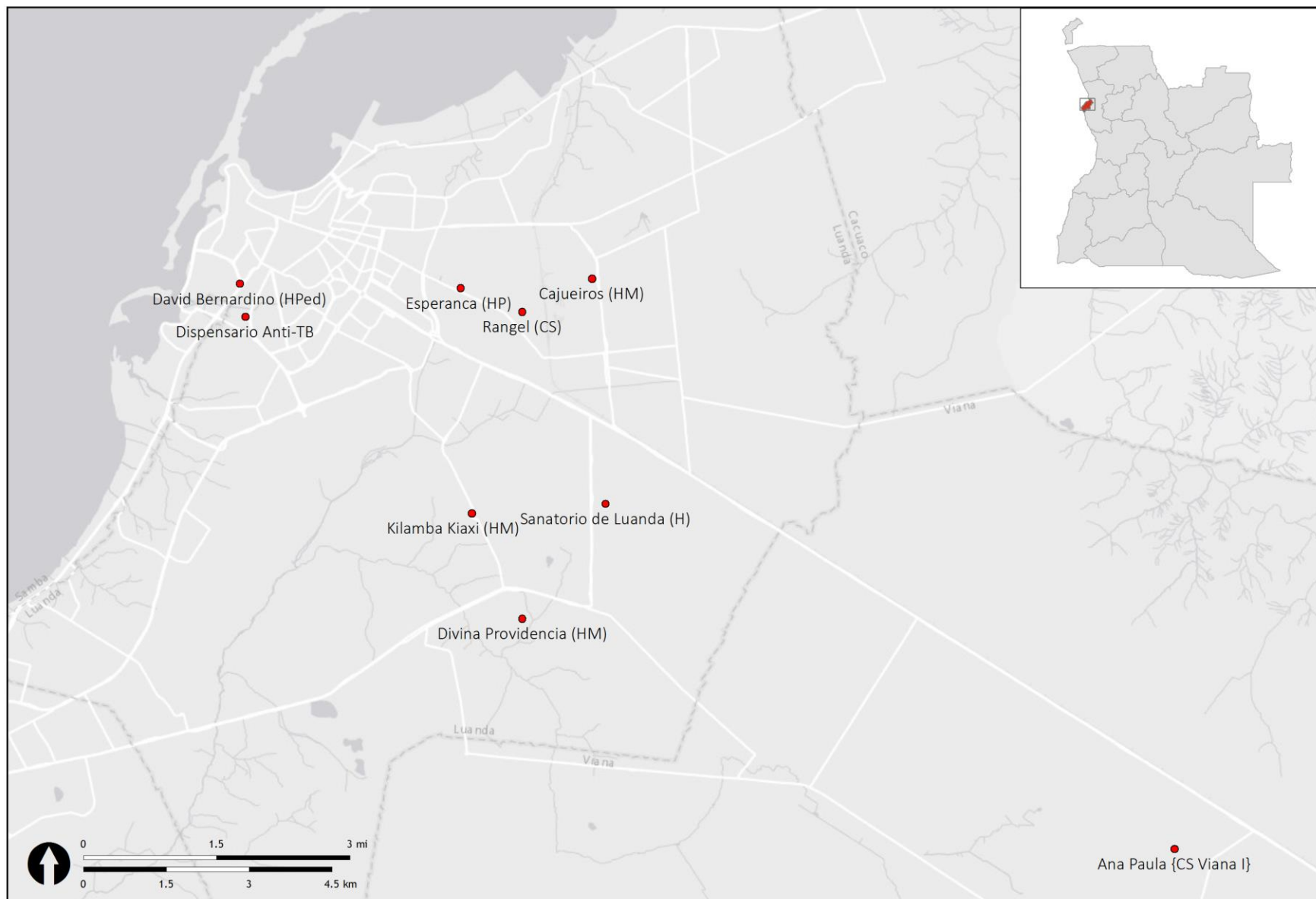
Above Site

- **High yield testing**
- **Out of center testing**
- **Drop in center**
- **Community ART demonstration project**
- **Self testing of MSM demonstration project**
- **Periodic presumptive STI treatment for KP**

Site Level

- **Index cases**
- **Peer Navigator**
- **Simulated Clients**
- **High yield testing**
- **TB/HIV integration (one stop shop)**
- **On site mentorship for testing, treatment and adherence.**
- **Support treatment QA through VL testing.**

ANGOLA: PEPFAR-SUPPORTED HEALTH FACILITIES





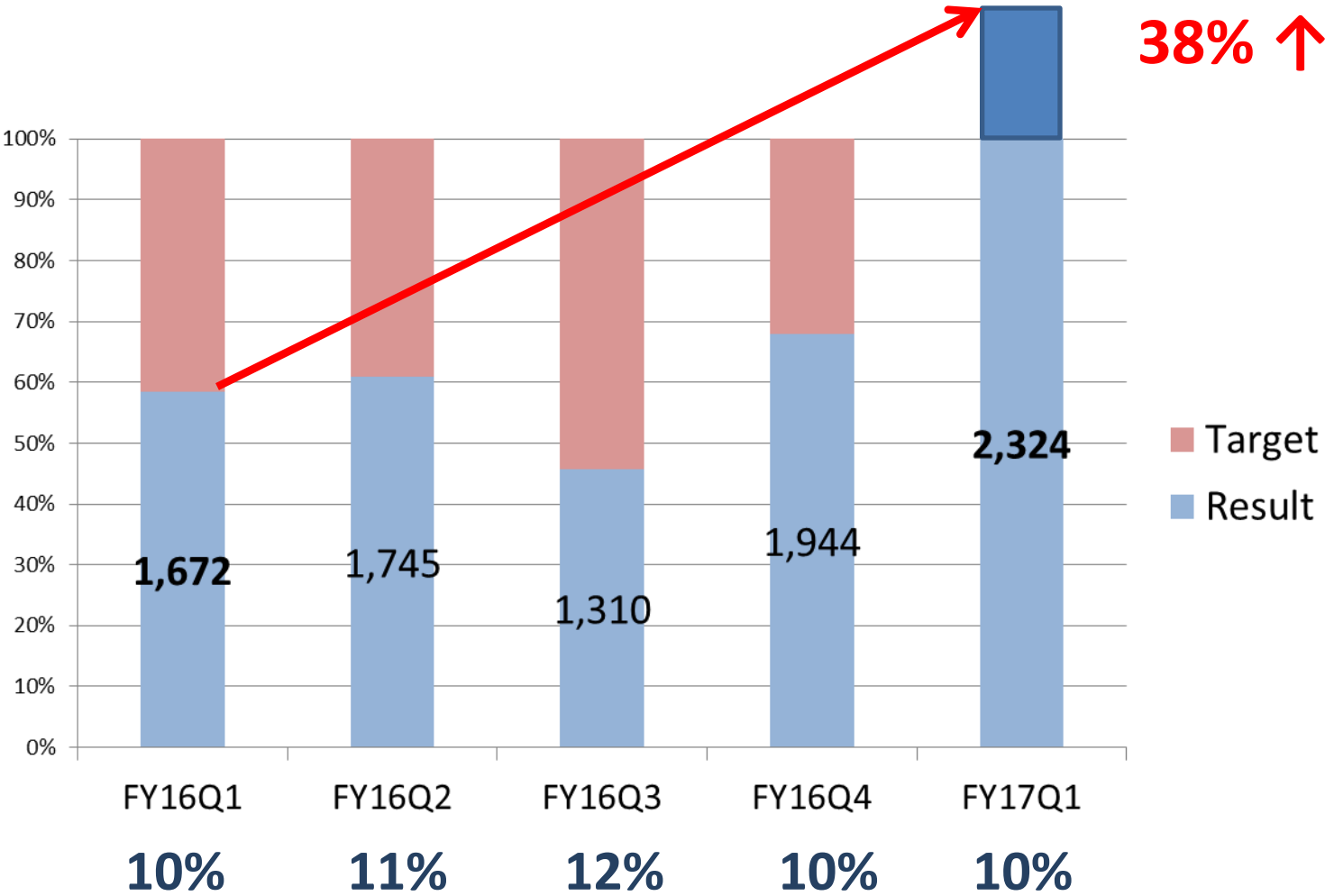
9 PEPFAR Supported Facilities

Facility	Type	Notes	Agency
Esperança	Reference Hospital	National HIV Reference Facility. High Volume. Well resourced.	USAID/HFA
Pediatrico	Reference Hospital	National Childrens Reference Facility.	USAID/HFA
Sanatorio	Reference Hospital	National TB Reference Facility.	CDC/ICAP
Kilamba Kiaxi	Reference Hospital	MCH Reference Facility.	USAID/HFA
Cajueiros	Hospital	Large, high volume facility in dense low-income neighborhood.	CDC/ICAP
Divina	Hospital	Public-Private Facility, High Adherence. KP Friendly Site.	USAID/HFA
Dispensario TB	Health Center	Small TB treatment center.	USAID/HFA
Rangel	Health Center	Small neighborhood facility in dense neighborhood.	USAID/HFA
Viana	Health Center	High-volume center focused on reproductive health. KP Friendly Site.	USAID/HFA



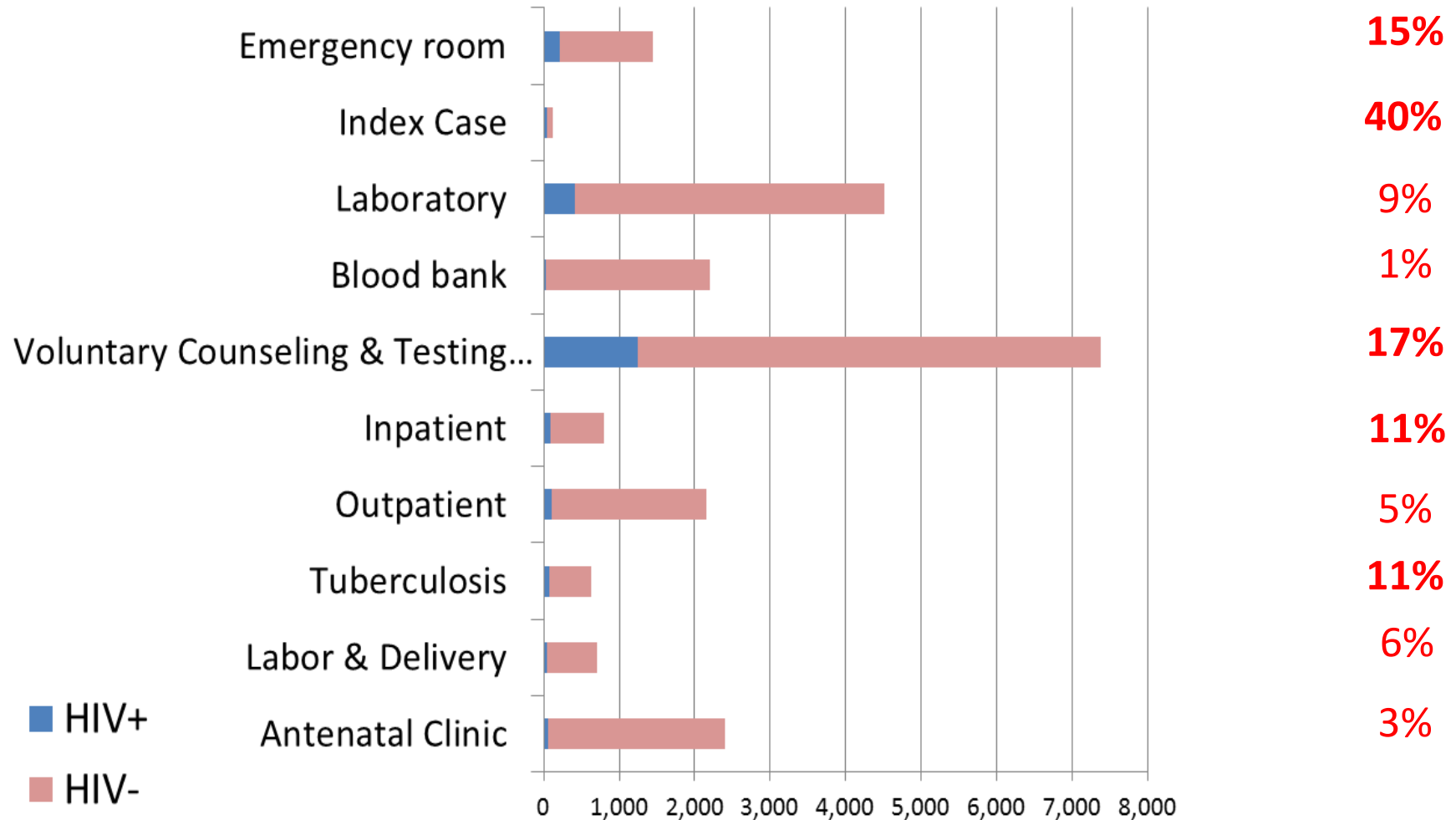


Evolution of HTC_POS target VS result in 9 facilities





FY17Q1 HIV positivity rate by testing point in 9 facilities



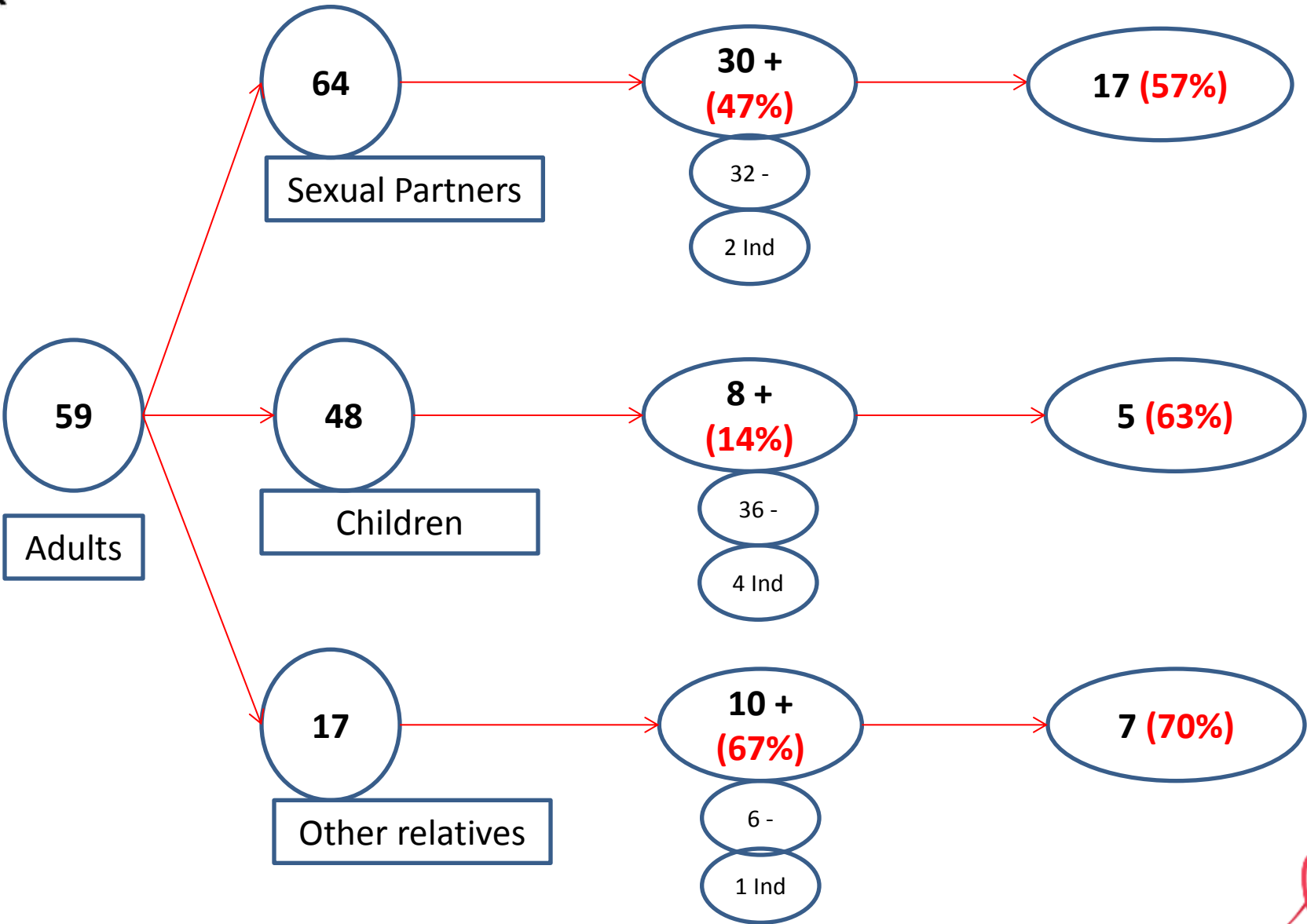


Index cases

Identified & Tested contacts

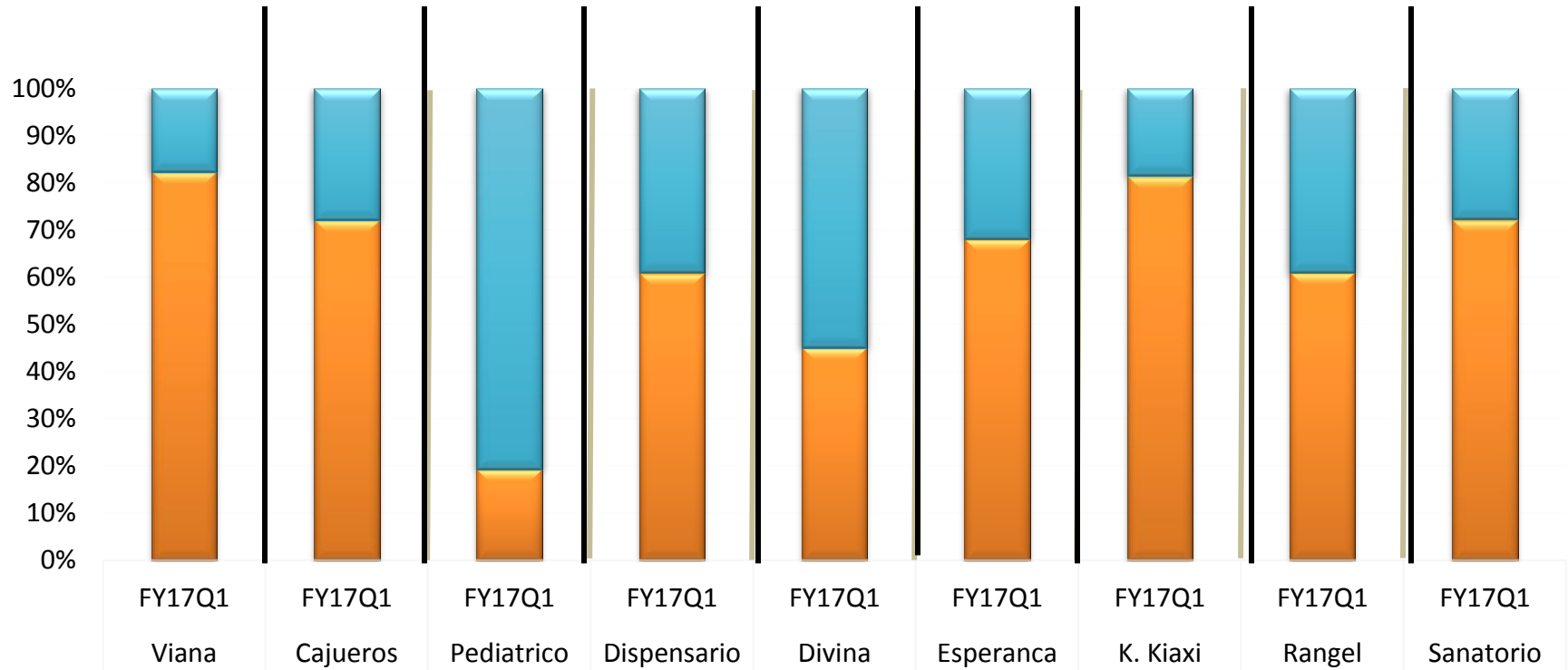
HIV status

Started ART





Q1 Total Positives Identified and Linked to ART



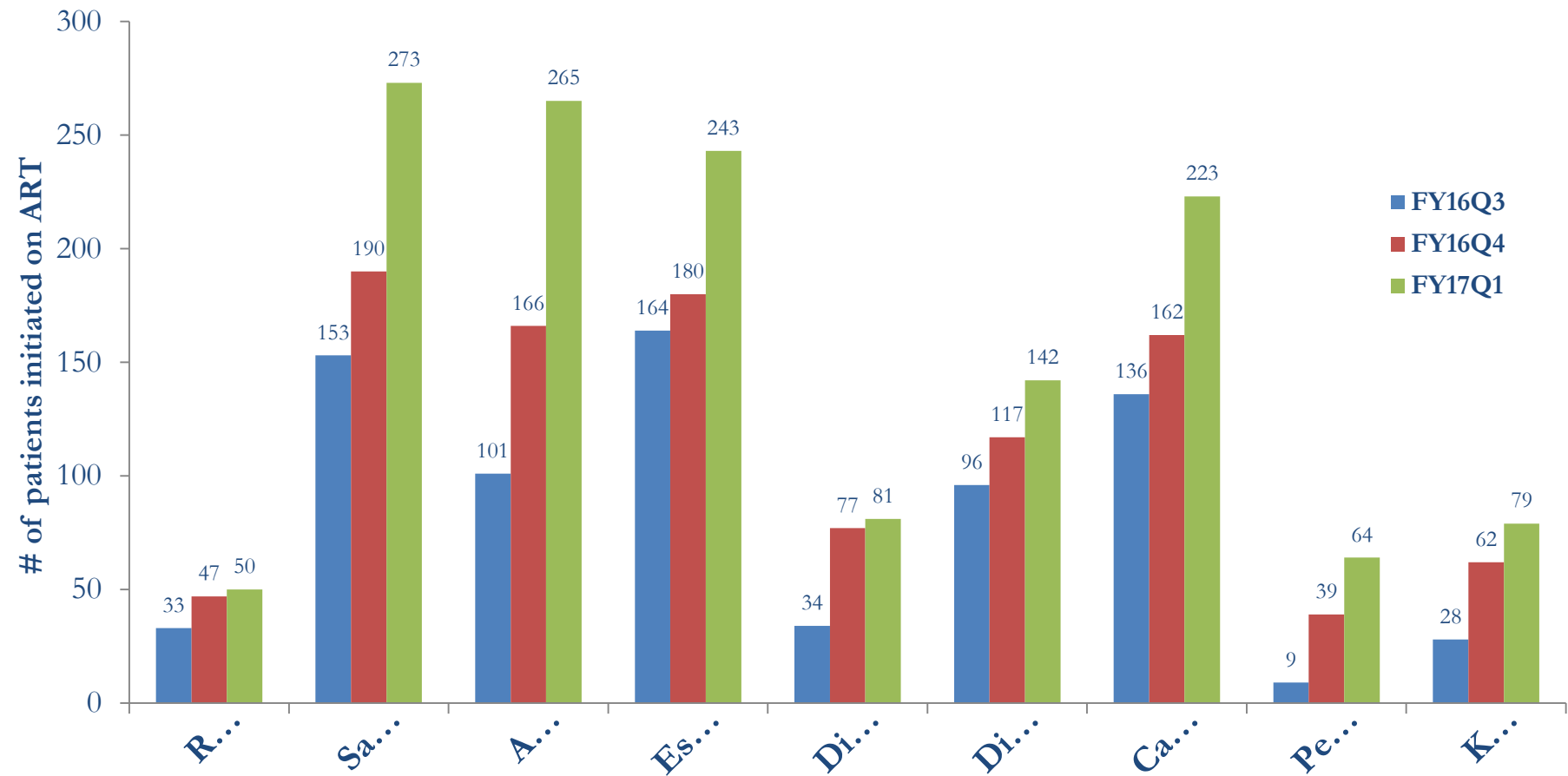
■ TX_NEW ■ HTC_POS Not Linked to Tx





PEPFAR

2nd 90: TX New by Site FY16&17



US	Rangel	Sanatório	Viana	HE	Dispensário	Divina	Cajuiros	Pediátrico	K-Kiaksi	TOTAL
% Increase	6%	44%	60%	35%	5%	21%	38%	64%	27%	37%

Lab

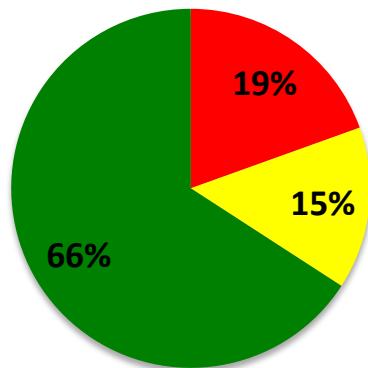
Rapid Test Continuous Quality Improvement

Proficiency Testing

Score
results

■ <10%

■ 11 -
79%



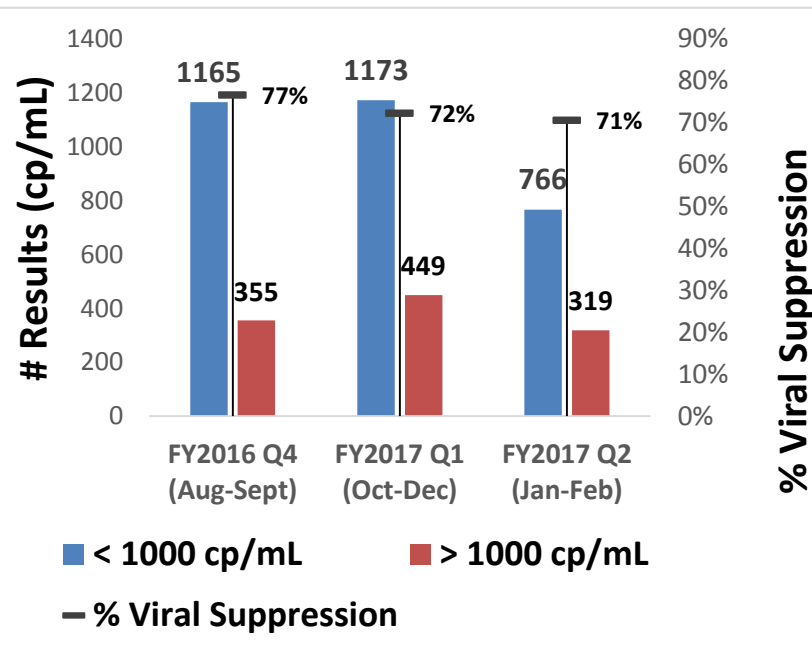
N=45 testing
points

- >100,000 HIV rapid tests are being performed annually at the 9 PEPFAR-supported facilities
- 45 testing points are within the 9 facilities
- 15 testing points are failing their proficiency testing
- HIV rapid test continuous quality improvement is critical
- Example: 5-10% error rate in HIV Rapid Testing for 100,000 tests results would result in 5,000-10,000 persons being misdiagnosed



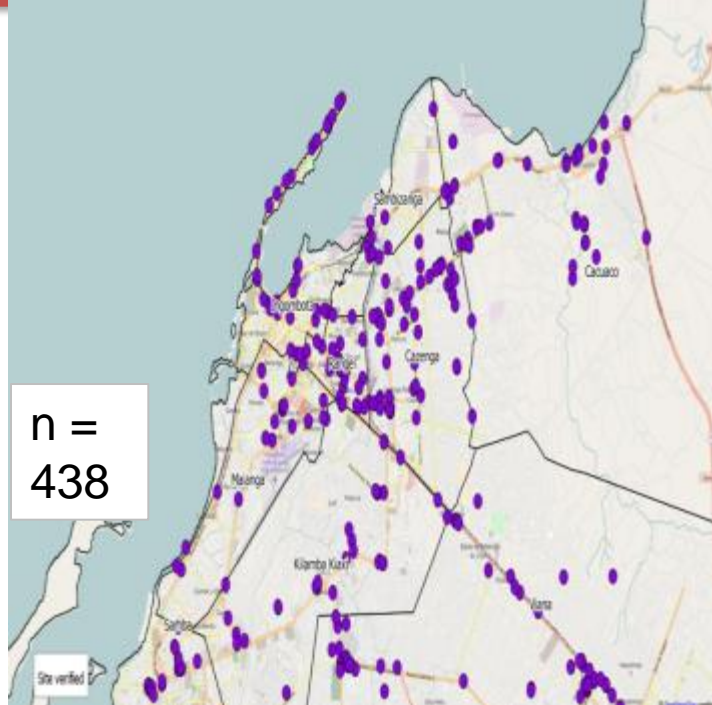
Lab

Quality Viral Load testing



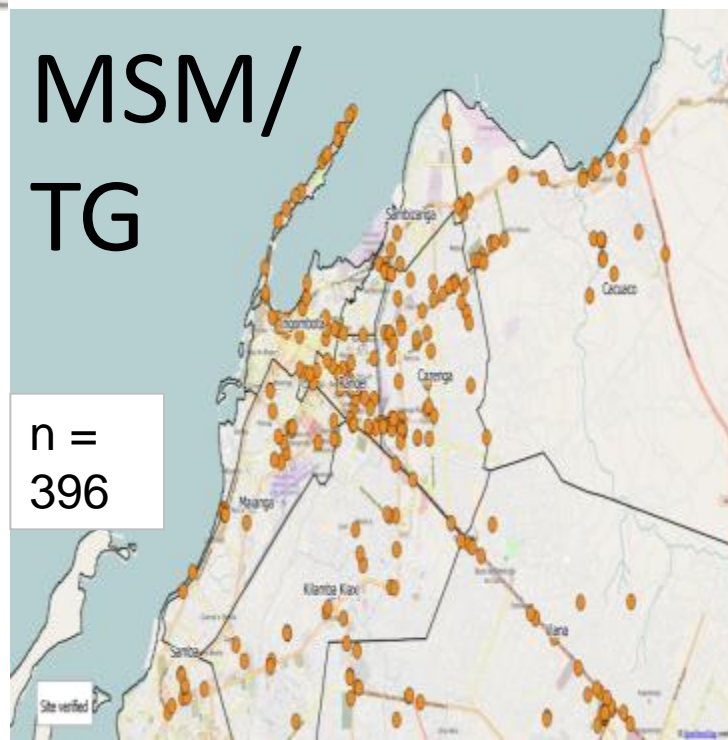
- **FY18 target: 25,806 viral load tests**
 - **(60% of TX_CURR + TX_NEW)**
- **Challenges and proposed technical assistance**
 - **Defined VL policies and guidelines**
 - **Quality sample collection**
 - **Sample transport**
 - **Laboratory workflow optimized**
 - **Result return**



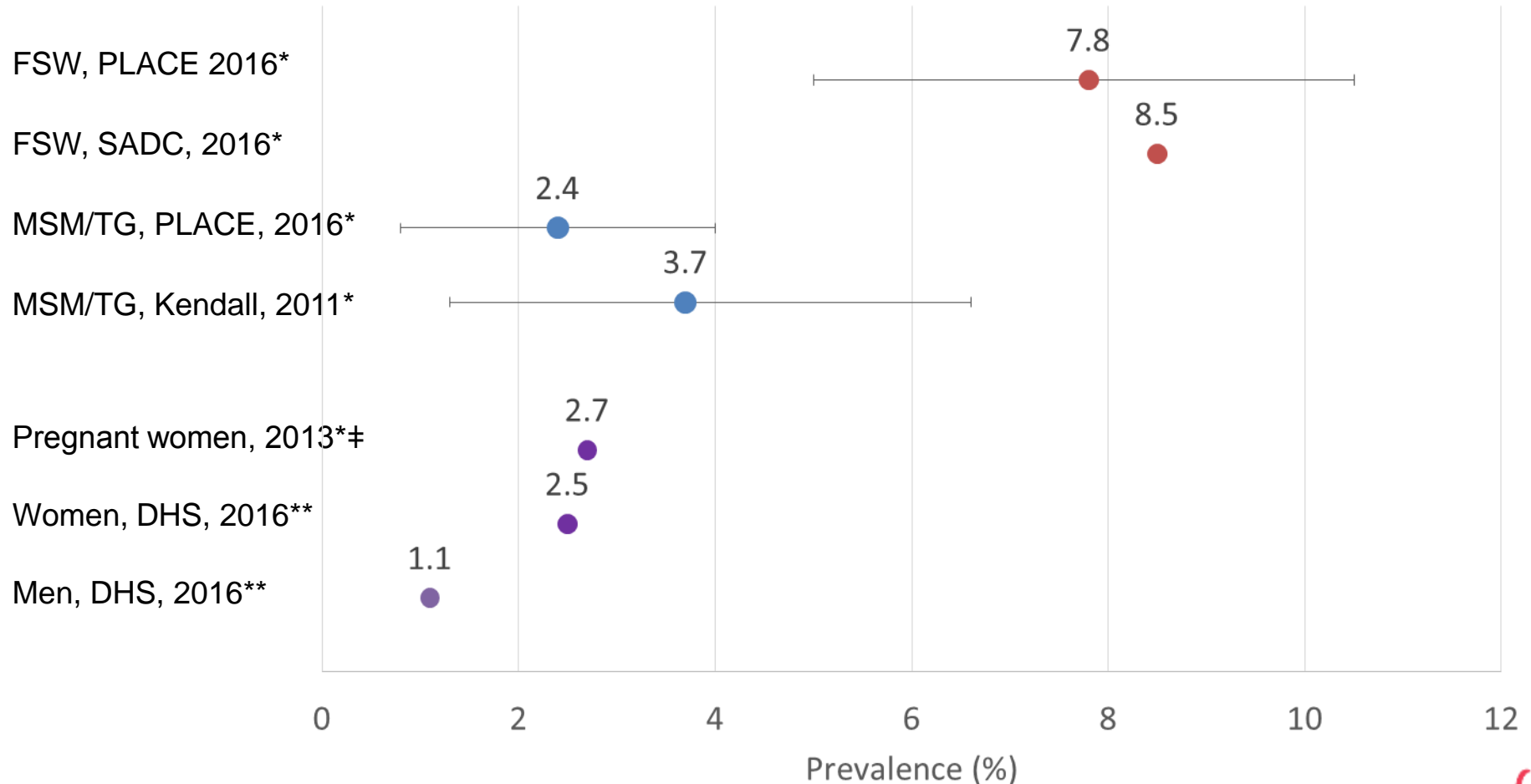


Mapping High Risk KP Hot Spots in Luanda

Number of Hot
spots
increased from
119 in Q1 to
631 in Q3 FY16



Prevalence of HIV among FSW, MSM/TG, pregnant women and general population, Luanda, 2010-2016



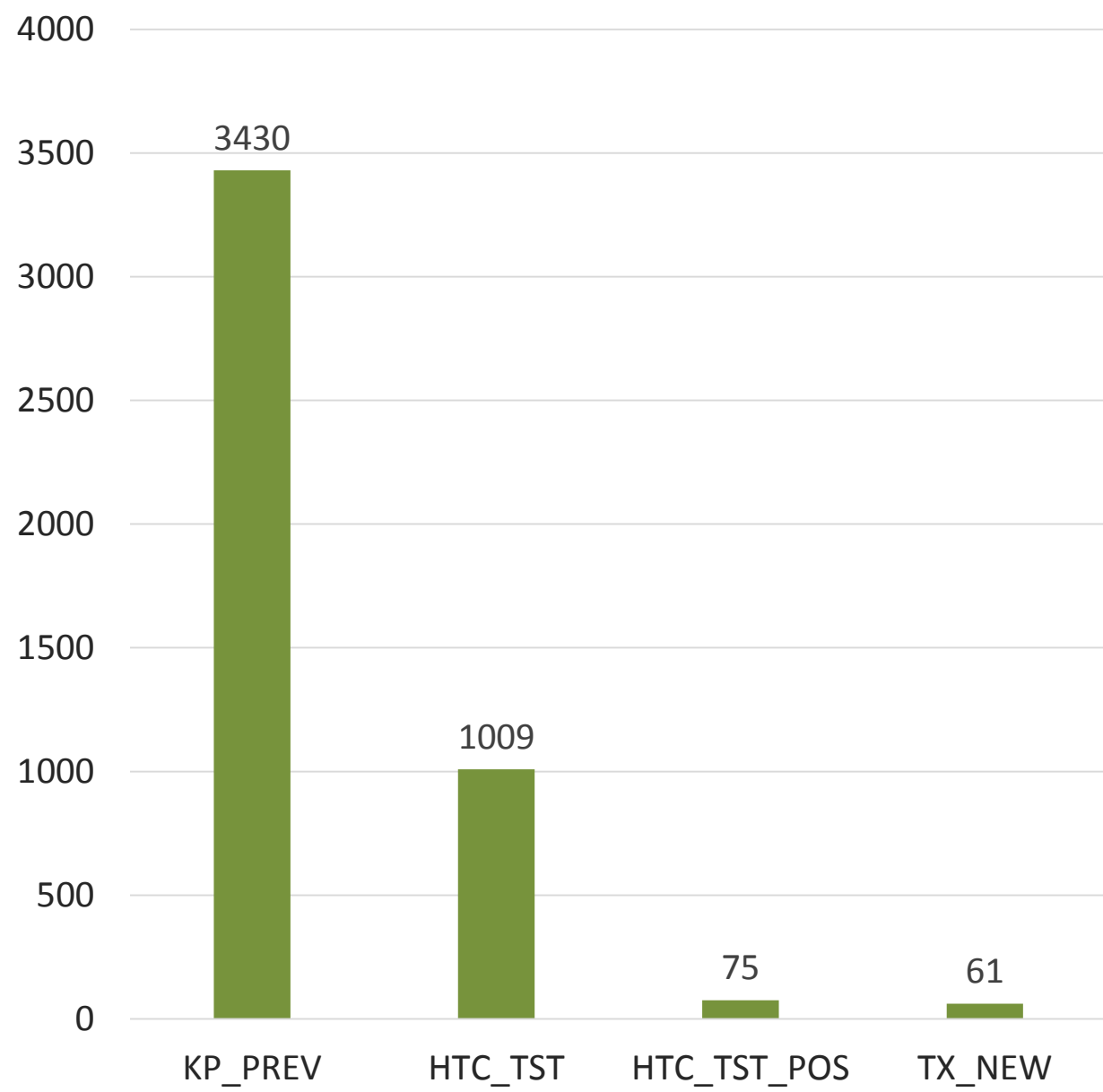
*HIV = HIV Determine pos and Uni-gold pos; ‡ ANC sentinel surveillance;

**HIV = Vironostika pos and Enzygnost pos, HIV Blot 2.2 for discordant results



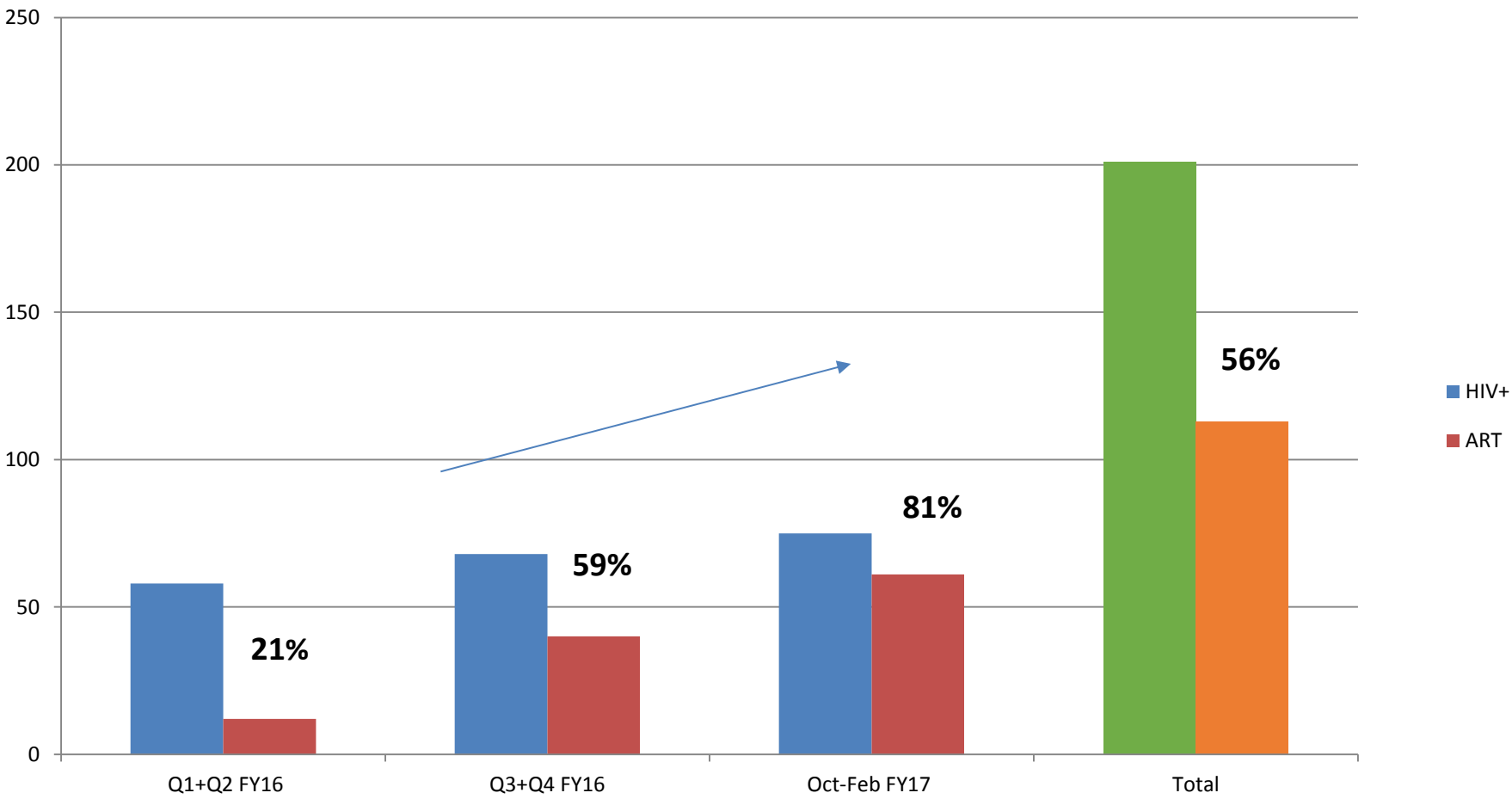


KP Cascade, FY17 Q1

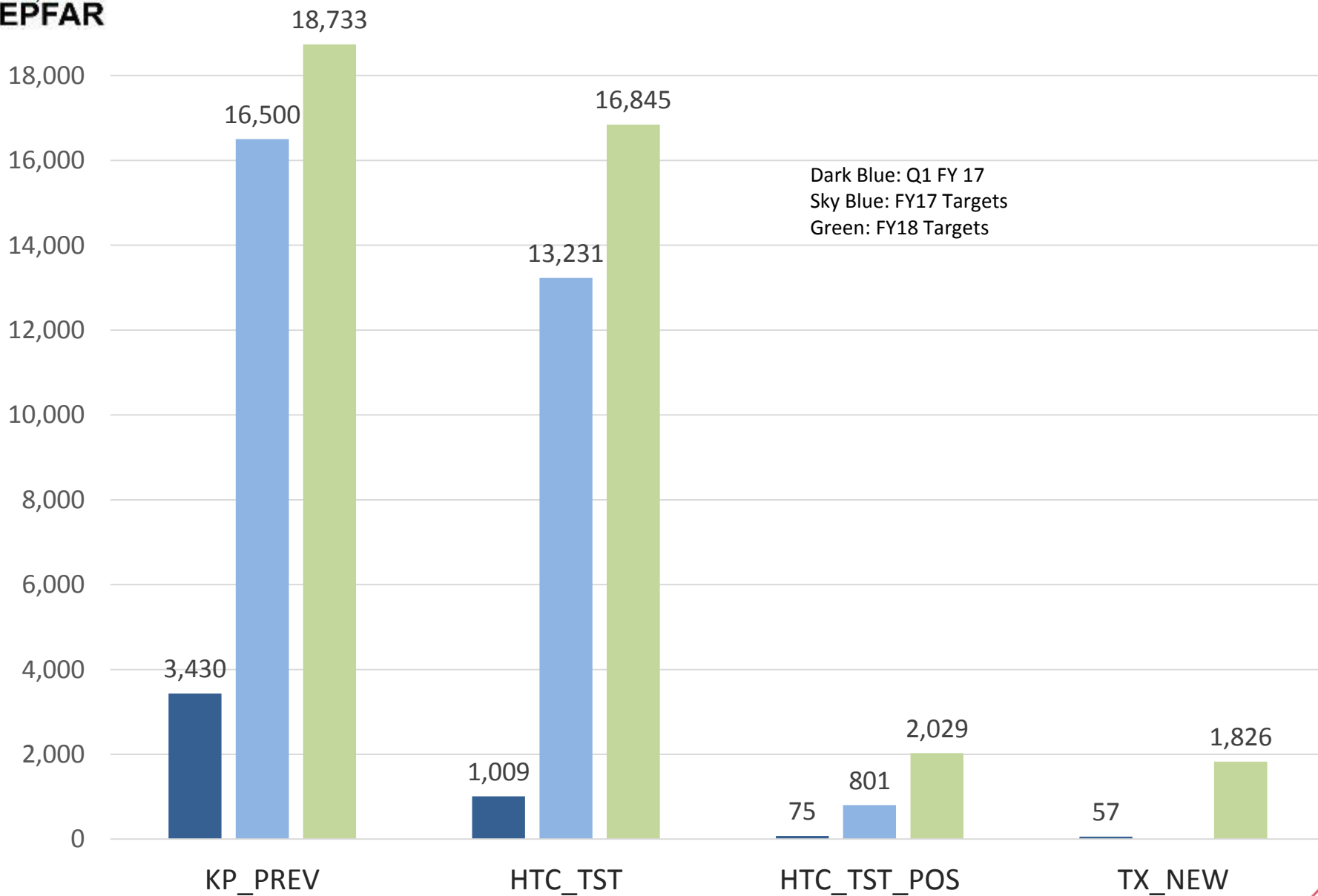




KP Linkage to ART



KP Cascade FY17 Q1, FY18 Targets





[REDACTED]





[REDACTED]





[REDACTED]





[REDACTED]





Indicator	FY16 result	FY16 target	FY17 Q1 result	FY17 Target	Proposed FY18 target
HTS_TST	62,186	82,146	22,358	65,829	102,559
HTS_POS	6,671	11,454	2,324	7,610	11,665
TX_NEW	3,390	8,406	1,420	7,753	11,472
TX_CURR	19,189	22,080	20,847	25,417	33,630
TX_RET	NA	NA	pending	6,725 (80%)	6,724 (80%)
TX_PVLS	NA	NA	pending	10,950	13,439(80%)
KP_PREV (KP)	8,139	16,500	3,430	16,500	18,733
HTS_TST (KP)	3118	13,576	1,009	13,231	16,845
HTS_POS (KP)	126	595	75	801	2,031
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
TB_STAT	9,818	8,836			11,596
TB_ART					1,648
TB_PREV					2,703
TX_TB					1,271





PEPFAR Budget Code	Budget Code Description	Target-based Budget	FOIT	Management & Operations	Total Resources Planned	Applied Pipeline	Total New Resources
		A	B	C	D	E	E
CIRC	Male Circumcision	\$ -	\$ -		\$ -		\$ -
HBHC	Adult Care and Support	\$ -	\$ 37,500		\$ 37,500		\$ 37,500
HKID	Orphans and Vulnerable Children	\$ -	\$ -		\$ -		\$ -
HLAB	Lab	\$ -	\$ 1,041,900		\$ 1,041,900	\$ 171,000	\$ 870,900
HMBL	Blood Safety	\$ -	\$ -		\$ -		\$ -
HMIN	Injection Safety	\$ -	\$ -		\$ -		\$ -
HTXS	Adult Treatment	\$ 2,052,294	\$ 257,745		\$ 2,310,039	\$ 100,000	\$ 2,210,039
HTXD	ARV Drugs		\$ -		\$ -		\$ -
HVAB	Abstinence/Be Faithful Prevention		\$ -		\$ -		\$ -
HVCT	Counseling and Testing	\$ 2,512,247	\$ 25,000		\$ 2,537,247	\$ 329,000	\$ 2,208,247
HVMS	Management & Operations		\$ -	\$ 5,032,088	\$ 5,032,088	\$ 1,100,613	
HVOP	Other Sexual Prevention	\$ 2,206,658	\$ 75,000		\$ 2,281,658		\$ 2,281,658
HVSI	Strategic Information	\$ 328,441	\$ 1,546,251		\$ 1,874,692	\$ 75,000	\$ 1,799,692
HVTB	TB/HIV Care	\$ 448,850	\$ -		\$ 448,850		\$ 448,850
IDUP	Injecting and Non-Injecting Drug Use		\$ -		\$ -		\$ -
MTCT	Mother to Child Transmission		\$ -		\$ -		\$ -
OHSS	Health Systems Strengthening		\$ 1,790,000		\$ 1,790,000	\$ 75,000	\$ 1,715,000
PDCS	Pediatric Care and Support		\$ 121,600		\$ 121,600		\$ 121,600
PDTX	Pediatric Treatment	\$ 224,425	\$ -		\$ 224,425		\$ 224,425
TOTAL		\$ 7,772,916	\$ 4,894,996	\$ 5,032,088	\$ 17,700,000	\$ 1,850,613	\$ 11,917,912

Calculation of earmarks*		Required	Actual	Over earmark
Care & treatment earmark (%)		\$ 3,251,499	\$ 3,903,588.87	\$ 652,089.87
PEPFAR FY 2016 Resource Envelope vs Calculated Budget			Actual	
GHP State Base Funds	\$	12,311,901		
GHP USAID Base Funds	\$	4,400,000		
GAP Base Funds	\$	401,250		
Applied Pipeline	\$	586,849	\$ 1,850,613	
COP 2016 Planning Level	\$	17,700,000		
Calculated Budget	\$	17,700,000		
Difference	\$	0		



COP/ROP 17 Agency Allocations and Pipeline

	New FY 2017 Funding (all accounts)	Applied Pipeline	Total Planning Level
HHS/CDC	\$5,595,692	\$1,000,613	\$6,596,305
USAID	\$9,265,178	\$0	\$9,265,178
State	\$20,000	\$0	\$20,000
DoD	\$968,517	\$850,000	\$1,818,517
Total	\$15,849,387	\$1,850,613	\$17,700,000

- COP17 Minimum Pipeline Requirement: \$586,849
- Care and Treatment Earmark requirement: \$3,251,499

Angola Investment Profile

Program area	Total	% PEPFAR*	% GF**	% GRA
Clinical care, treatment and support	\$31,231,465	13%	40%	47%
Community-based care, treatment, and supp	\$3,081,830	0%	3%	97%
PMTCT	\$2,302,076	0%	13%	87%
HTS	\$5,964,723	42%	8%	51%
VMMC	-	-	-	-
Priority population prevention	\$2,361,982	0%	51%	49%
Key population prevention	\$7,029,974	23%	9%	67%
OVC	-	-	-	-
Laboratory	\$2,547,976	40%	5%	56%
SI, Surveys and Surveillance	\$4,408,207	36%	0%	64%
HSS	\$2,566,949	75%	0%	25%
Total	\$61,495,183	\$12,871,673	\$15,630,142	\$32,993,367
*PEPFAR excludes \$5M program management costs				
**GF excludes \$2.2M program management costs				





THANK YOU!

